FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

FORM D

OMB Number: Expires: Sept. 30,2008 Estimated average burden hours per response.....16.00

SEP 22 LUUU

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
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TriState Investment Partners, LLC Limited Liability Company Interests Filing Under (Check box(es) that apply):	106	
Filing Under (Check box(es) that apply):	Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer O8060585 Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TriState Investment Partners, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 111 Center Street, Suite 2300, Little Rock, AR 72201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Gid different from Executive Offices) Telephone Number (Including Area Code) Telephone Number	TriState Investment Partners, LLC Limited Liability Company Interests	
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
1. Enter the information requested about the issuer OBO60585 Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TriState Investment Partners, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 501-377-2000 111 Center Street, Suite 2300, Little Rock, AR 72201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business make and hold investments PROCESSED Type of Business Organization I limited partnership, already formed I other (please specify): OCT 01 2008 John Year John Street John	Type of Filing:	1 (4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(
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Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TriState Investment Partners, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 111 Center Street, Suite 2300, Little Rock, AR 72201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business make and hold investments PROCESSED Type of Business Organization corporation limited partnership, already formed business trust Imited liability company Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	1. Enter the information requested about the issuer	08060585
Address of Executive Offices (Number and Street, City, State, Zip Code) 111 Center Street, Suite 2300, Little Rock, AR 72201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business make and hold investments Telephone Number (Including Area Code) PROCESSED Type of Business Organization limited partnership, already formed other (please specify): OCT 01 2008	Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	000000
111 Center Street, Suite 2300, Little Rock, AR 72201 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business make and hold investments Type of Business Organization	TriState Investment Partners, LLC	
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business make and hold investments Type of Business Organization or Corporation limited partnership, already formed business trust limited partnership, to be formed limited limited partnership, to be formed limited limited limited partnership, to be formed limited	Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Brief Description of Business make and hold investments PROCESSED Type of Business Organization	111 Center Street, Suite 2300, Little Rock, AR 72201	501-377-2000
Type of Business Organization corporation		Telephone Number (Including Area Code)
Type of Business Organization corporation	Brief Description of Business	
corporation limited partnership, already formed other (please specify): OCT 012008	make and hold investments	PROCESSED
business trust	Type of Business Organization	
Actual or Estimated Date of Incorporation or Organization: O 8 O 8 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	corporation limited partnership, already formed other (p	lease specify): UCT 01 2008
Actual or Estimated Date of Incorporation or Organization: O 8 O 8 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	business trust limited partnership, to be formed limited liabili	ty company
Actual or Estimated Date of Incorporation or Organization: O 8 O 8 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Month Year	THOMSON RELITERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Actual or Estimated Date of Incorporation or Organization: [0]8 [0]8 Actual Estim	
	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
	CN for Canada; FN for other foreign jurisdiction)	AR

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

 Each beneficial owner Each executive office Each general and management 	er having the powe er and director of	uer has been organized w er to vote or dispose, or dir			
Each executive offic Each general and ma	er and director of	er to vote or dispose, or dir		_	
Each general and ma					a class of equity securities of the i
		corporate issuers and of	corporate general and ma-	naging partners of	partnership issuers; and
	inaging partner of	partnership issuers.			•
heck Box(es) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner (Manager)
all Name (Last name first, if radbury, Curtis F.	individual)				
usiness or Residence Address 111 Center Street, Suite 2		Street, City, State, Zip Co c, AR 72201	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner (Manager)
full Name (Last name first, if Feltus, R. Greg	individual)				
Business or Residence Addres			ode)		
11 Center Street, Suite 25 Check Box(es) that Apply:	Promoter	AR 72201 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Ulrey, Robert	individual)				(Manager)
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
11 Center Street, Suite 2	500, Little Rock	k, AR 72201	<u> </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (Code)		

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1 Usa	مئیاء	aald	, or does th		tend to sel	l to non-ac	oredited in	westors in	this offeri	nø?		Yes	No.
1. Has	me is	suct solu,	, or does in			Appendix,						لــا	-
2. Wha											s <u>50,</u> (000	
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			ermit joint										<u></u>
com If a p or st	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Nam	ne (La	ist name f	first, if indi	vidual)									
Business	or Re	esidence /	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<u> </u>		 -			····
Name of	Asso	ciated Bro	oker or Dea	ıler				<u></u>					
States in	Whic	h Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		·	···			
(Cho	eck "/	All States	" or check i	individual	States)							∏ Al	States
AL		AK	AZ	X R	CA	CO	CX	DE	MC	EX.	GA	HL	<u>an</u>
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Full Nan	ne (La	ast name	first, if indi	vidual)							·	<u>, , , , ,</u>	
Business	or R	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)				•		
Name of	Asso	ciated Br	oker or Dea	aler	<u></u>								
			Listed Has										
(Ch	eck "	All States	" or check	individual	States)	•••••		***************************************				☐ A1	l States
AL		AK	AZ	AR	CA	\Box	CT	DE	DC	FL	GA	HI	ID.
II. MT	_	IN.	IA NV	KS NH	KY NI	LA.I MM	ME NY	MD NC	MA ND	МП	OK)	MS OR	MO PA
RI	_	SC	SD	TN	TX	UT	VT	VA	WA	WY	wı	WY	PR
Full Nan	ne (La	ast name	first, if indi	ividual)					·				<u></u>
Business	s or F	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·					
Name of	Γ Asso	ociated Br	oker or Dea	aler						<u>.</u>			
States in	Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				-		
			" or check									☐ A!	l States
AL]	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ها
<u> </u>]	[X]	IA	KS	KY	LA	ME	MD NC	MA ND	OH MI	MN OK	MS) OR	MO PA
M) Ri		NE SC	SD)	TN	TX.	INM!	NY VT	VA)	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	S	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests		s
	Other (Specify LLC interests	4,000,000.00	\$ 0.00
	Total	4,000,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount of Purchases
		Investors	
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	.	
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		3
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees] \$
	Accounting Fees] \$
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)] \$
	Other Expenses (identify)] \$
	Total		\$ 0.00

32	(SOFFERING PRICE)	NUMBER OF INVESTORS PARENCES AND USE OFF	AUCELUS	一种
	and total expenses furnished in response to Par	e offering price given in response to Part C — Question 1 t C — Question 4.a. This difference is the "adjusted gross		s
5.	each of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted gross to Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			. Ds
	Purchase of real estate		□\$. 🗆 s
	Purchase, rental or leasing and installation of and equipment	of machinery	s	s
	Construction or leasing of plant buildings a	nd facilities		s
	Acquisition of other businesses (including to offering that may be used in exchange for the increase appropriate to a mercer).	he value of securities involved in this ne assets or securities of another	··· 1 \$	\$ 4,000,000.00
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	Column Totals		\$ <u></u> 0.00	\$_4,000,000.00
	•	1)		00.000,000,
Δį		D. FEDERAL SIGNATURE		
sie	enature constitutes an undertaking by the issue	by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commion- con-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	ale 505, the following on request of its staff,
Īss	suer (Print or Type)	Signature	Date	
Tı	riState Investment Partners, LLC	17-50/	Sept.	18,2003
	me of Signer (Print or Type) Robert Ulrey	Title of Signer (Print of Type) Manager		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E €
		_

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees,
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
TriState Investment Partners, LLC	アティン	Sept. 18, 2008
Name (Print or Type)	Title (Print or Type)	
Robert Ulray	Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		SHOW THE		AL LO LO LO	PPENDIX	TANKE PLAN			大学等
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							•		
AK									
AZ							<u> </u>		
AR		х	#3,000,000*	98	\$0.00	0	\$0.00		x
CA									
СО	· · · · · · · · · · · ·								
СТ		x	UC interests	1	\$0.00	0	\$0.00		х
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^{* \$3,000,000} is the maximum offering price in the state, provided that the total amount of the offering, inclusive of investors in all states where LLC interests are being offered, may not exceed \$4,000,000.

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV		-							
NH									
NJ	-								
NM									
NY		x	UC interests \$3,000,000* UC interests	10	\$0.00	0	\$0.00		х
NC		x	LLC interests \$3,000,000*	6	\$0.00	0	\$0.00		х
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ì		2	3 Type of security	4					5 Disqualification under State ULOE					
	to non-a investor	and aggregate accredited offering price rs in State offered in state 8-Item 1) (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
WY														
PR														

